

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046489

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 3314

STATE FILE NUMBER

FILED NOV 20 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis, County

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Henninger's Nursing Home.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY
OR TOWN

St. Louis, County.

d. STREET
ADDRESS

9241 Southview Lane.

3. NAME OF DECEASED

(Type or print)

First Arthur.

Middle

E.

Last

Melville.

4. DATE OF DEATH

Month

10

Day

26

Year

63

5. SEX

Male.

6. COLOR OR RACE

White.

7. Married

Widowed ☒

8. DATE OF BIRTH

7-5-1889

9. AGE (last birthday)

74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired.

10b. KIND OF BUSINESS OR INDUSTRY
Post-Dispatch.

11. BIRTHPLACE (City and state or country)
San Diego, Cal.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Wilber Melville.

13b. MOTHER'S MAIDEN NAME

Johanna Haley.

14. NAME OF HUSBAND OR WIFE

Mary Melville.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address St. Louis, Anne Franz. 10847 Mallory County.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

yrs

DUE TO (b)

Generalized Arteriosclerosis

yrs

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis, Missouri

21. I attended the deceased from 10/15/63 to 10/26/63 and last saw him alive on 10/24/63
Death occurred at 6:20 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)
Rmeza M.D.

22b. ADDRESS

8059 Watson Rd.,

22c. DATE SIGNED

10/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10-29-63.

23c. NAME OF CEMETERY OR CREMATORY

Resurrection.

23d. LOCATION (City, town, or county)

St. Louis, County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home.
6322 S. Grand Blvd.

25. DATE RECD. BY LOCAL REG.

10-29-63

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David Van Gossan

Licensed Embalmer No. 4242

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.